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|--|-----------------|---|-------|--|---------|-------------|--|
| No. C 132072 | | Due no later than Jan 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | DAVID M WALDO 129 PLYMOUTH AVE NEW PLYMOUTH ID 83655 | | | |
| | | 1. Mailing Address: Correct in this box if needed. WALDO INSURANCE, INC. DAVID M WALDO PO BOX 1667 NYSSA OR 97913 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | DAVID M WALDO | PO BOX 1667 | NYSSA | OR | USA | 97913 | |
| SECRETARY | BARBARA J WALDO | PO BOX 1667 | NYSSA | OR | USA | 97913 | |
| 5. Organized Under the Laws of: OR C 132072 | | 6. Annual Report must be signed.* Signature: Tawni Maxwell Name (type or print): Tawni Maxwell Date: 12/11/2016 Title: Controller | | | | | |
| Processed 12/11/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |